

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10680286 FILING DATE _____
 APPLICANT(S) _____

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	6					
TOTAL CLAIMS	8					

CLAIMS						
	IND	DEP	IND	DEP	IND	DEP
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